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**CONFIRMATION NO. 2666**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/577,166 05/24/2000 PAT 6,730,442

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**\*\* 05/27/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 15	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

System and method for replicating volume holograms

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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